

SEP 01 2005

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In re application of:	Kapeller-Libermann, Rosana		
Application No.:	10/658,904	Group No.:	1653
Filed:	September 10, 2003	Examiner:	Monshipouri, Maryam
For:	14171 PROTEIN KINASE, A NOVEL HUMAN PROTEIN KINASE AND USES THEREOF		

Practitioner's Docket No. (MPI00-010P1RCP1M)

PATENT

Certificate of Transmission under 37 CFR 1.8

1-571-273-8300

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on September 1, 2005


Signature

Paula Swirka

Typed or printed name of person signing Certificate

Submitted herewith:

This Certificate of Transmission under 37 CFR 1.8	1 page
Amendment and Response to Restriction Requirement Transmittal	2 pages
Amendment and Response to Restriction Requirement	6 pages
Transmittal of Information Disclosure Statement	2 pages
Information Disclosure Statement	2 pages
Copies of Substitute for Form 1449A/PTO (1 page), Form PTO/SB/08A (1 page) Form PTO/SB/08B (1 page); and Form PTO-892 (1 page)	4 pages
Total	17 pages
	(including this cover sheet)

TO/SB/87 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Practitioner's Docket No. MPI00-010P1RCP1M

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL

1. Transmitted herewith for this application are:
 - a. This Amendment and Response to Restriction Requirement Transmittal (2 pages);
 - b. Amendment and Response to Restriction Requirement (6 pages);
 - c. Transmittal of Information Disclosure Statement (2 pages);
 - d. Information Disclosure Statement (2 pages);
 - e. Copies of Substitute for Form 1449A/PTO (1 page), Form PTO/SB/08A (1 page) Form PTO/SB/08B (1 page); and Form PTO-892 (1 page), all cited in parent application Serial No. 09/781,882; and
 - f. Certificate of (Facsimile) Transmission under 37 CFR 1.8 (1 page).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of time is not required. However, if an extension of time is required, please consider this a petition therefore:

Fee:	\$0.00
Extension fee due with this request	\$0.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail. ☐ as "Express Mail Post Office to Addressee" Mailing Label No.

TRANSMISSION

- ☒ transmitted by facsimile to the Patent and Trademark Office (571-273-8300).



Signature
Paula Swirka
(type or print name of person certifying)

Date: September 1, 2005

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(Page 1 of 2)

Practitioner's Docket No. MPI00-010P1RCP1M

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	
Total	20	Minus	20	=	0	\$50.00	=	\$0.00
Indep.	1	Minus	3	=	0	\$200.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$360.00	=	\$0.00
						Total Addit. Fee		\$0.00

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
Direct all future correspondence to:

Customer Number 30405
OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
40 Landsdowne Street
Cambridge, MA 02139

September 1, 2005

MILLENNIUM PHARMACEUTICALS, INC.

By

Tracy M. Sioussat

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office communication mailed August 1, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

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(Page 1 of 6)